

STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

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NEW HAMPSHIRE

PLEASE PRINT

I. Name of Lobbyist(s): Paul A. Worsowicz; Heidi L. Kroll <u>DEPARTMENT OF STATE</u> II. Name of Lobbyist's partnership, firm or corporation, if any: GALLAGHER, CALLAHAN & GARTRELL, P.C. 214 North Main Street, Concord, NH 03301 603-226-3477 worsowicz@gcglaw.com 603-228-1181 (Email) (Telephone) (Fax) III. This statement covers: (Choose one - file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client.) All reportable transactions occurring in the month prior to the reporting date relative to the following client. LIFE COPING, INC. (Full Name of Client as it appears on the Lobbyist Registration Form) All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client. July 26, 2017 April 26, 2017 IV. Date of Report: activity from 4/1/17 to 6/30/17 activity from date of registration to 3/31/17 Reports cover: January 24, 2018 🗵 October 25, 2017 activity from 10/1/17 to 12/31/17 activity from 7/1/17 to 9/30/17 V. There have been no fees received and no reportable transactions made since the last report. If this box is checked, complete just this form and submit it to the Secretary of State's Office, State House, Room 204, Concord, NH 03301. VI. Check if additional reports are attached: If you have received fees or made expenditures, you must file Addendum A - Fees and Expenses If you have paid an honorarium or reimbursed expenses, you must file $\mathbf{Addendum}\ \mathbf{B}-\mathbf{Report}$ of Honorariums or Expense Reimbursement If you, your firm, or your family has made political contributions, you must file Addendum C - Political Contributions Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.

/-22-/ *y* (Date)

Paul A. Worsowicz

(Print Name of lobbyist)

Signature of Lobbyist)



STATE OF NEW HAMPSHIRE Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Paul A	. Worsowicz; Heidi L. Kroll			
II. Name of lobbyist's partnership	o, firm or corporation, if any:			
GA	LLAGHER, CALLAHAN & GARTI	RELL, P.C	•	
	(Name of partnership, firm or corpor	ation)		
III. Name of Client LIFE CO	PING, INC.	Date	January 24	4, 2018
1. Lhamas including face for carvices	received from the client identified about such as public advocacy, government a lation, and related legal work. The group	relations, or	public relatio	us services,
a) Total of all fees received in this r	reporting period		a) \$	6,500.00
b) Total of all fees received this cal (This should equal the total prio	endar year, prior to this reporting perior r monthly reports for this calendar year	d. .)	b) \$	14,725.00
c) Total of all fees received to date (Add lines a and b)			c) \$ 	21,225.00
d) Indicate the amount of any such yet been paid.	fees that are due, but have not		d) \$.00.
fees. Separate reports are to be file lobbyist(s)/firm that are unrelated are to be reported in one of three reporting period for salaries, bene expenses where the expenditure we the cost was \$25.00 or less, purchas purchase of a ceremonial object gistatement of each individual expension covered by (a) (for example: purchase of a ceremonial object gistatement of each individual expensions).	, firms, or corporations are required to ed for expenditures made relative to each to any one client a separate report may categories of expenses: (a) the aggrefits, support staff, and office expenses as of \$25.00 or less (for example: meanse of a pen with a value of less than \$ ven to a person being lobbied with a valuation of a meal with value of greater that with a value greater than \$25, but not or honorariums, expense reimbursement and be reported on Addendum A.	be filed for regate total es; (b) the a els purchase 10 that is gi- alue of \$25. d of greater n \$25, purch greater than	r the lobbyist(of all expens aggregate tota d during a bus ven to the per .00 or less); a than \$25.00 f hase of a cere n \$50, restaur	s)/firm. Expense es paid during the lof all individua siness lunch where son being lobbied and (c) an itemize for any purpose no monial object to be ant expenses for
a) Total aggregate expenses for th support staff, and office expenses,	is reporting period for salaries, benefits related directly or indirectly to lobbying	g.)\$	4,875.00
b) Total aggregate of expenditures in a), of \$25 or less.	s during this reporting period, not repor	ted		.00
	res reported in detail in section VI.	c) \$.00

Lobbyist Fees & Expenses, Addendum A – Page 2 Client: LIFE COPING, INC.		
d) Total expenses for this reporting period. (Add lines a, b and c.)	d) \$	4,875.00
e) Total of expenses paid this calendar year, prior to this reporting period. (This should be the amount on line f of addendum A for last month's report.)	e) \$	14,725.00
f) Total of all expenses year to date.	f) \$	19,600.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from lobbying fees of period, including by whom paid or to whom charged.	during this 1	reporting
Paid to:	Amo	ount
	_	
	- š	
	_ \$	
	_ \$	
	_ \$	
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the fo is true and complete to the best of my knowledge and belief.	regoing in	formation
(Signature of lobbyist) (Signature of lobbyist)	(Date)	
Paul A. Worsowicz (Print Name of Lobbyist)		

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums

Sworn	Staten	nent/Aff	irmati	on by	Lobbyis
Statem	ent of	Income	and Ex	xpense	es for:

Statement of Income and Expenses for:				
Name of Lobbying pa	artnership, firm or corpora	ation: GALLAGHER, CAI	LLAHAN & GARTRELL, P.C.	
	e blank if Statement is for Life Coping, Inc.	r the partnership, firm, or co	rporation and not related to any	
Date of Report (chec	k one):			
April 26, 2017 □	July 26, 2017 □	October 25, 2017 🗆	January 24, 2018 🔀	
I have read RSA 15, following Addendum submitted):	RSA 15-B, RSA 664, the as submitted with that Sta	Statement of Income and E tement (insert the number of	xpenses described above, and the f Addendum forms being	
1 Addendum A(s).			
0 Addendum B(s).			
0 Addendum C(s).			
I hereby swear or aff complete to the best	irm that the foregoing inf of my knowledge and bel	Formation on the Statement a lief.	and each Addendum is true and	
(Signature of Lobby	rist)		(Date)	
Heidi L. Kroll				
(Print Name of lobb	oyist)			